

### **UNDERGROUND STORAGE TANK**

# **30 DAY NOTICE**

See back of form for instructions

Please ✓ the appropriate box: ☐ Intent ☐ Intent ☐ Both to Install to Close

| FOR OFFICE USE ONLY |
|---------------------|
| Site ID #:          |
| FS ID #:            |
|                     |
|                     |
|                     |
|                     |
|                     |
|                     |

### **Site Information**

### **Owner Information**

|                                |                      |                     |                                |                          | (This form will be returned to this address) |                 |   |              |  |  |
|--------------------------------|----------------------|---------------------|--------------------------------|--------------------------|--|-----------------|---|--------------|--|--|
| UBI Number                     |                      |                     |                                | UST                      | UST Owner/Operator                           |                 |   |              |  |  |
| Site/Business NameStreet       |                      |                     |                                | Mailin                   | Mailing AddressStreet                        |                 |   |              |  |  |
| Site Address                   |                      |                     |                                |                          | P.O. Box                                     |                 |   |              |  |  |
| City/State                     |                      |                     |                                | City/S                   | City/State                                   |                 |   |              |  |  |
| Zip Code Telephone ()          |                      |                     |                                | Zip Co                   | ode  | Telephone ()    |   |              |  |  |
| Tank Inst                      | allation Co          | <b>mpany</b> (if kn | own). Fill out t               | his section Of           | NLY if tanks ar                              | e being install | ed.   |              |  |  |
| Service Company                |                      |                     |                                | Conta                    | Contact Name                                 |                 |   |              |  |  |
| Address                        |                      |                     |                                |                          |  |                 |   |              |  |  |
| Street                         |                      |                     | P.C                            | . Box                    | Talanhana ( )                                |                 |   |              |  |  |
| City State                     |                      |                     | Zip                            | Telephone ()<br>Zip Code |  |                 |   |              |  |  |
| Service Company Address Street |                      |                     |                                | P.O. Box Telephone ()    |  |                 |   |              |  |  |
| City State                     |                      |                     | Zip                            | Zip Code                 |  |                 |   |              |  |  |
|                                | Projected<br>Closure |                     | losure Infoion ONLY if tanks a |                          | e being closed.<br>Is There<br>Product In    |                 | Tank Installation Information Fill out this section ONLY if tanks are being installed.  Approx. |              |  |  |
| Tank ID                        | Date                 | Capacity            | Stored                         | Last Used                | (Yes/No)                                     | Pumped          | Tank ID   | Install Date |  |  |

# Instructions

**Please Read Carefully** 

AFTER COMPLETING THIS FORM. RETURN TO:

TOXICS CLEANUP PROGRAM DEPARTMENT OF ECOLOGY P.O. BOX 47655 OLYMPIA. WA 98504-7655

Check the appropriate box for tank closure, tank installation, or both.

### **Site and Owner Information**

Fill in the site and owner information. Please include the Ecology site number for tank closures; also, be sure to provide telephone numbers so that any problems can be resolved quickly. Confirmation of receipt of this form will be returned to the owner.

# **Tank Installation Company**

List the installation company, if known. Upon receipt of the completed form, Ecology will validate it and return it to the owner. This validated form allows you to receive a one time drop of product, for UST system testing purposes only. To dispense product and receive additional deliveries, you must complete the Master Business License registration and obtain your Tank Tag from Ecology. The registration information must be submitted to the Department of Licensing within 30 days of installation to receive a Master Business License with the appropriate tank endorsement(s).

## **Tank Permanent Closure Company**

List the closure company, if known. Upon receiving a completed 30 day closure form, Ecology will stamp the date received on the form and return a copy to the owner.

Contact your local fire marshal and planning department prior to tank closure to find out if any additional permits are required by county or other local jurisdictions. Compliance with the State Environmental Policy Act (SEPA) Rules, Chapter 197-11 WAC, may be necessary.

Closure may proceed 30 days after the date stamped on the form. A site assessment is required at the time of closure. Contamination found or suspected at the site must be reported to the appropriate Ecology regional office within 24 hours. If the contamination is confirmed, a site characterization report must be submitted to the regional office within 90 days; if contamination is not confirmed, a site assessment report must be submitted to the above address within 30 days.

Please note: Individuals performing UST services MUST be certified by the International Code Council (ICC), or have passed another qualifying exam approved by the Department.

#### Tank Information

List tanks to be installed or closed. Please report tank ID number(s) for tanks to be closed and assign new tank ID number(s) to tanks being installed. Do not use existing numbers from closed tanks.

The following tanks are exempt from notification requirements:

- ❖ Farm or residential tanks, 1,100 gallons or less, used to store motor fuel for personal or farm use only. The fuel must not be for resale or used for business purposes.
- \* Tanks used for storing heating oil that is used on the premises where the tank is located.
- ❖ Tanks with a capacity of 110 gallons or less.
- \* Equipment or machinery tanks such as hydraulic lifts or electrical equipment tanks.
- Emergency overflow tanks, catch basins, or sumps.